

## **Use and Disclosures Authorization**

(For Exceptions to Treatment, Payment and Operations)

As required by the Health Insurance Portability and Accountability Act of 1996, Wyoming Department of Health may not use or disclose protected health information, without an authorization, except as provided in the Wyoming Department of Health Notice of Privacy Practices. A signature on this authorization indicates the client is providing permission for the specific use and disclosure of protected health information described herein. This authorization may be revoked at any time by signing and dating the revocation section of this form and returning it to the office.

I hereby authorize the use/disclosure/use and disclo	osure of protected health information for:	Revocation Section		
Name:	ID Number:		I hereby revoke this authorization.	
	Date of Birth:	,		
Record Holder:	Date of Request:			
		(Signature)	(Date)	
Authorized Program:				
Information:				
For the purpose(s) of:				
I hereby authorize the following person(s) to receiv	ve these disclosures:			
Name:		Title:	Title:	
Address:			Telephone:	
City, State, Zip:		Fax Number:	Fax Number:	
I understand information disclosed pursuant to this I understand that I may revoke this authorization program listed above. I further understand any such I understand this authorization will automatically e I understand I am under no obligation to sign this a	at any time by signing the revocation sect in revocation does not apply to persons, whi expire one year from today's date or on	tion of my copy of this form and returning it ch have already acted in reliance on this authority (Date), whichever is sooner.	prization.	
I understand I have the right to inspect and to obtain				
(Signature)		(Print Name)	(Date)	
If not signed by the patient, please indicate the rela Guardian or conservator of an incompetent client Parent or guardian of minor client		esentative of deceased client  Name of Client:		
For Office Use Only:				
<b>Documentation of Relationship:</b> Reviewed	□Attached			